

ANNANDALE PLAY CARE, INC.

WOODBRIIDGE PLAY-CARE REGISTRATION FORM

CAMPER'S INFORMATION					
CHILD'S FULL NAME:			NICK NAME:		SEX: DATE OF BIRTH: (M/D/YEAR)
CHILD'S HOME ADDRESS (FULL MAILING – Street, City, State, Zip) :				BEST CONTACT NUMBER: ()	
CHRONIC PHYSICAL PROBLEMS / PERTINENT DEVELOPMENTAL INFORMATION / SPECIAL ACCOMMODATIONS NEEDED:					
Previous Child Day Care Programs and Schools Attended and How Long?			DATE OF CHILD'S LAST TETANUS SHOT:		
CAMPER'S SWIMMING ABILITY: <input type="checkbox"/> BEGINNER SWIMMER (3FT ONLY / SHALLOW WATER) <input type="checkbox"/> ADVANCED SWIMMER (MUST PASS SWIM TEST IN 13+ FT) DATE PASSED: _____					
PARENTS / GUARDIANS INFORMATION					
FATHER'S FULL LEGAL NAME:			MOTHER'S FULL LEGAL NAME:		
FATHER'S HOME ADDRESS (IF DIFFERENT FROM CHILD'S):			MOTHER'S HOME ADDRESS (IF DIFFERENT FROM CHILD'S):		
FATHER'S EMAIL ADDRESS:		FATHER'S CELL PHONE		MOTHER'S CELL PHONE	
FATHER'S PLACE of EMPLOYMENT:			MOTHER'S PLACE of EMPLOYMENT:		
FATHER'S BUSINESS ADDRESS (FULL MAILING – Street, City, State, Zip)			MOTHER'S BUSINESS ADDRESS (FULL MAILING – Street, City, State, Zip):		
FATHER'S WORK PHONE NUMBER: () EXT.		MOTHER'S WORK PHONE NUMBER: () EXT.			
*Person (s) or Agency having LEGAL Custody of Child:					
EMERGENCY INFORMATION					
Allergies or Intolerance to FOOD, MEDICATION, etc. and ACTION to take in an EMERGENCY:					
Physician's Name:			Doctor's phone number: ()		
Name of a relative, friend or otherwise responsible person to contact in case parents cannot be reached:					
1. Name:			2. Name:		
Relationship:		HOME PHONE:		Relationship:	
HOME PHONE:		HOME PHONE:		HOME PHONE:	
Home Street Address:			Home Street Address:		
CITY:		STATE:	ZIP:	CITY:	
STATE:		ZIP:	STATE:		ZIP:
WORK PHONE:		CELL PHONE:		WORK PHONE:	
CELL PHONE:		CELL PHONE:		CELL PHONE:	
Person(s) authorized to pick up child:					
*Person(s) <u>NOT</u> authorized to pick up child:					
*Appropriate paperwork such as custody papers must be attached if a parent is not allowed to pick up the child.					

OFFICE USE ONLY (IDENTITY VERIFICATION)					
Date Admitted:	Date Withdrawn:	Tuition Rate: \$ 225.00 per week	(NON-REFUNDABLE) CAMP Fee: \$285.00 Includes T-Shirt, Water bottle, & Camp Activities	DATE Fees Paid:	
FATHER'S SOCIAL SECURITY NUMBER:			MOTHER'S SOCIAL SECURITY NUMBER:		
CHILD'S BIRTH CERTIFICATE NUMBER:	BIRTH DATE:	PLACE OF BIRTH:		DATE ISSUED:	

Proof of child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Note:
 **ALL PROOF OF IDENTITY WILL BE DESTROYED BY SHREDDING UPON THE WITHDRAWAL FROM OUR CENTER. **

➔ _____, Date of Notification of Local Law-Enforcement Agency- when proof of identity is not provided.

Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Verification viewed on _____ DATE and documented by _____ APC REPRESENTATIVE on behalf of Annandale Play-Care, Inc.

AGREEMENTS

I. Permission.

- A. **Field Trips.** Unless parent/guardian specifies otherwise in writing, it shall be agree that the child has parent/guardian permission to participate in all Center activities, including bus trips, sport activities, and Center sponsored fields trips (on or away from the Center's premises). _____(Initials)
- B. **Medical Emergencies.** The parent / guardian gives authorization to Annandale Play-Care, Inc. to obtain immediate medical care for my child/ children if an emergency occurs when he / she cannot be located immediately. _____(Initials)
- C. **Health Policy.** Parent / guardian agrees to make every effort to have the child picked up within the hour id the child's temperature rises above 100 degrees or show other signs of communicable illness (diarrhea or vomiting) while at the Center. Parent / Guardian also agree to inform the center within 24 hours or the next business day after of his/her child or any member if the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately _____(Initials)
- D. **Duty of Care.** The Center shall exercise reasonable care in the supervision, education, and welfare of the child during the period the child is in its custody. If the parent /guardian fails to pick up their child and the closing supervisor has tried every avenue to reach the parent / guardian—Annandale Play-Care, Inc. reserves the option to first call the police and then the Child Protective Services. If any employee at Annandale Play-Care, Inc. suspects child abuse, Child Protective Services will be notified. _____(Initials)
- E. **Respectable Conduct is expected at all times.** The parent(s) / guardian(s) agrees to follow and adhere to the policies of the center. If it becomes apparent that a positive working relationship is no longer obtainable, Annandale Play-Care, Inc. reserves the right to withdraw any student and / or their family. _____(Initials)
- F. **Use of Pictures.** Parent / guardian hereby gives permission for use of picture(s) and / or video / audio recordings of child participating in Center activities for Center publicity purposes. _____(Initials)

II. Indemnification. I agree to indemnify and hold the Annandale Play-Care, Inc. and all its employees and agents harmless for any liability whatsoever, to my child or any guardian or any parent thereof because of any injury or alleged injury to my child. In the event legal action is instituted against the Center or any employee or agent thereof and the person instituting such action is not the prevailing party, I agree immediately upon demand to reimburse the Center, its agents, and employees for all attorney's fees, costs and other expenses incurred by the Center and its agents in defending any action against them. _____(Initials)

III. Payment.

- A. I agree to pay the established tuition on either a weekly, bi-weekly, or monthly basis, in advance, payable on the first (1st) day of the payment schedule which I choose. _____(Initials)
- B. **I understand that there will be no deductions from the tuition for absences of my child.** _____(Initials)
- C. **If I decide to withdraw my child, I agree to GIVE 2 WEEKS WRITTEN NOTICE OR PAY THE 2 WEEK NOTICE IN FULL (the full amount of my child's tuition in full).** _____(Initials)
- D. I will pay a service charge of **Ten Dollars (\$10.00)** per day if my tuition is not paid within the set Center policies of payment. In the event a check (of mine) is returned by my bank for any reason, I agree to pay a processing charge to the Center of **Fifty Dollars (\$50.00)**. I also agree to pay reasonable attorney's fees and other costs and expenses incurred by the Center in collecting or attempting to collect any obligations which I owe to the center. _____(Initials)

By signing below, I hereby acknowledge that I have read, understood, and agree to all policies set forth in the Center information packet, also acknowledging receipt of same. This Agreement shall be effect for as long as my child is enrolled at Annandale Play-Care, Inc.

SIGNATURES

Mother / Legal Guardian DATE

Father / Legal Guardian DATE

OFFICE USE ONLY (FILE COMPLETION VERIFICATION)

Date Completed:	NAME OF APC REP VERIFYING FORM	APC REPRESENTATIVE SIGNATURE	DATE:
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